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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (optional)

12406/106

I hereby declare that:

My residence, mailing address and citizenship are stated below.

I am authorized to act on behalf of the following assignee: GTECH Corporationand the title of my position with said assignee is: Assistant Secretary

The entire title to the patent identified below is vested in said assignee.

Inventor

Joseph C. PERIN, Jr.

Citizenship

USA

Residence/Mailing Address

6479 Grand Vista, Cincinnati, Ohio 45213

Inventor

David G. WAGONER

Citizenship

USA

Residence/Mailing Address

9614 Waterford Place, # 310, Loveland, Ohio 45140

☐ Additional Inventors are named on separately numbered sheets attached hereto.

Patent

US 6,356,794 B1

Date of Patent Issued

03/12/2002

Title of Invention

ITEM DISPENSING SYSTEM NETWORK

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

ITEM DISPENSING SYSTEM NETWORK

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

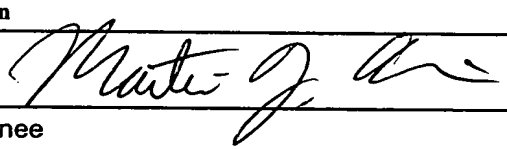
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE				Docket Number (Optional) 12406/106									
<p>At least one error upon which reissue is based is described as follows:</p> <p>All originally issued claims are less broad than newly added claims 17 - 78.</p> <p style="text-align: center;">[Attach additional sheets, if needed.]</p> <p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p>													
<p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name(s)</th> <th style="text-align: left;">Registration Number</th> </tr> </thead> <tbody> <tr> <td>Thomas J. Meloro</td> <td>33,538</td> </tr> <tr> <td>Gerard A. Messina</td> <td>35,952</td> </tr> <tr> <td>Andrew L. Reibman</td> <td>47,893</td> </tr> </tbody> </table>						Name(s)	Registration Number	Thomas J. Meloro	33,538	Gerard A. Messina	35,952	Andrew L. Reibman	47,893
Name(s)	Registration Number												
Thomas J. Meloro	33,538												
Gerard A. Messina	35,952												
Andrew L. Reibman	47,893												
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; align-items: center; justify-content: space-between;"> <div style="display: flex; align-items: center;"> <input checked="" type="checkbox"/> Customer Number <div style="border: 1px solid black; padding: 5px; margin: 0 10px; text-align: center;">26646</div> <div style="margin-left: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px;"> Place Customer Number Bar Code Label Here </div> </div> <div style="margin-top: 10px; text-align: center;"> <i>Type Customer Number Here</i> </div> </div> <p style="text-align: center; margin-top: 10px;">OR</p>													
<input checked="" type="checkbox"/> Firm or Individual Name	Gerard A. Messina												
Address	Kenyon & Kenyon												
Address	One Broadway												
City	New York	State	NY	Zip	10004-1050								
Country	USA												
Telephone	(212) 425-7200	Fax	(212) 425-5288										
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>													
<p>Full name of person signing (given name, family name)</p> <p>Martin J. Ahljanian</p>													
Signature				Date	6/28/04								
<p>Address of Assignee</p> <p>GTECH Corporation, 55 Technology Way, West Greenwich, RI 02817</p>													



PTO/SB/51 (07-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

12406/106

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number US 6,356,794 B1, granted March 12, 2002 and for which a reissue patent is sought on the invention entitled ITEM DISPENSING SYSTEM NETWORK.

the specification of which

☒ is attached hereto.☐ was filed on _____ as reissue application number _____and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

All originally issued claims are less broad than newly added claims 17-78.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/51 (07-03)

Approved for use through 01/31/2004. OMB 0651-0033

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

12406/106

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

Note: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to:

☒ Customer Number:

26646

OR

☒ Firm or

Individual Name

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Kenyon & Kenyon

Address

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State

NY

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Telephone

(212) 425-7200

Fax

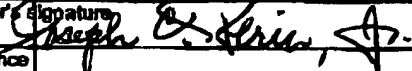
(212) 425-5288

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Joseph C. PERIN, Jr.

Inventor's signature



Date

07-28-2004

Residence

6479 Grand Vista, Cincinnati, Ohio 45213

Citizenship

USA

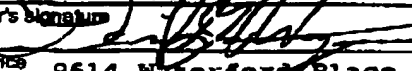
Mailing Address

(same as above)

Full name of second joint inventor (given name, family name)

David G. WAGNER

Inventor's signature



Date

07-28-2004

Residence

9614 Waterford Place, #310
Cleveland, Ohio 45140

Citizenship

USA

Mailing Address

(same as above)

Full name of third joint inventor (given name, family name)

Inventor's signature

Date

Residence

Citizenship

Mailing Address

☐ Additional joint inventors or legal representative(s) are named on separately numbered sheets forms PTO/SB/02A or 02LR attached hereto.